



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE

United States Patent and Trademark Office

Address: COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/815,340

03/30/2004

Jay A. Berzofsky

015280-368240US

8261

45115

7590

06/11/2008

TOWNSEND AND TOWNSEND AND CREW, LLP

TWO EMBARCADERO CENTER

8TH FLOOR

SAN FRANCISCO, CA 94111

EXAMINER

KINSEY WHITE, NICOLE ERIN

ART UNIT

PAPER NUMBER

1648

MAIL DATE

DELIVERY MODE

06/11/2008

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

10/815,340

Applicant(s)

BERZOFKY ET AL.

Examiner

NICOLE KINSEY WHITE

Art Unit

1648

Period for Reply -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 11 March 2008.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1,3-14 and 25-35 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1,3-14 and 25-35 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☐ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) ☐ Information Disclosure Statement(s) (PTO/S5108)
Paper No(s)/Mail Date _____
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date _____
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

Claims 1, 3, 4, 25 remain rejected under 35 U.S.C. 103(a) as being unpatentable over Klavinskis et al. (J. of Immunol., 1996, 157:2521-2527) and either Ahlers et al. (J. of Immunol., 1997, 158:3947-3958) or Berzofsky et al. (WO 94/26785). This rejection is withdrawn against claims 15, 16, 21, and 23 in view of applicants' cancellation of claims 15-24.

The claims are drawn to a method for inducing a protective rectal mucosal cytotoxic T lymphocyte (CTL) response in a mammalian subject comprising contacting a

rectal mucosal tissue of the subject with a composition comprising a chimeric peptide having the amino acid sequence of SEQ ID NO:9.

Klavinskis et al. teaches rectal and vaginal immunization by administering an SIV peptide antigen covalently linked to cholera toxin B subunit (CTB). CTB was used as an adjuvant. See page 2522 – Immunization schedule. Klavinskis et al. showed that CTLs were isolated from the rectal mucosa and were antigen-specific (see page 2524).

Klavinskis et al. does not teach SEQ ID NO:9 or an antigen from HIV-1 or administering the antigen without an adjuvant. However, both Ahlers et al. and Berzofsky et al. disclose the peptide of SEQ ID NO:9 (see page 3948 of Ahlers et al. and SEQ ID NO:28 and claim 15 of Berzofsky et al.). Both references describe the peptide of SEQ ID NO:9 as being derived from HIV-1, as an inducer of cytotoxic T cells, and useful for therapeutic or prophylactic vaccines against HIV.

It would have been obvious to one of ordinary skill in the art to modify the method taught by Klavinskis et al. to administer the peptide of SEQ ID NO:9 to a subject. One would have been motivated to do so given the suggestion by Klavinskis et al. that to prevent dissemination of HIV to the regional lymph nodes, an effective vaccine may need to stimulate CTL in the rectal or genital tract (see abstract and introduction). Further, given that the rectal route is a recognized major route for HIV transmission and given that there is a recognized need in the art to raise a mucosal immune response at the site of transmission, it would have been obvious to administer an antigen/construct to the rectal mucosa in order to reduce transmission. One also would have been motivated by the teachings of Ahlers et al. and Berzofsky et al. (SEQ ID NO:9 contains

Art Unit: 1648

an immunodominant HIV CTL epitope). There would have been a reasonable expectation of success given the findings of Klavinskis et al. that mucosal or targeted lymph node immunization generates antigen-specific CTL in the rectal and genital mucosa.

As for the use of adjuvants, Klavinskis et al. teaches the use of cholera toxin as an adjuvant. However, it is known in the art that immune responses can be induced with or without adjuvants. Thus, it is well within the purview of one of ordinary skill in the vaccine arts to administer an antigen with or without an adjuvant.

Thus, the invention as a whole was clearly *prima facie* obvious to one of ordinary skill in the art at the time the invention was made.

Claims 1, 5-14, 25-35 remain rejected under 35 U.S.C. 103(a) as being unpatentable over Klavinskis et al. and either Ahlers et al. (J. of Immunol., 1997, 158:3947-3958) or Berzofsky et al. (WO 94/26785) as applied to claims 1, 3, 4, 25 above and further in view of Kiyono et al. (Advanced Drug Delivery Reviews, 18: 23-51).

The claims are drawn to a method for inducing a protective rectal mucosal cytotoxic T lymphocyte (CTL) response in a mammalian subject comprising contacting a rectal mucosal tissue of the subject with a composition comprising a purified soluble antigen, wherein the method further comprises administering a purified cytokine, e.g., GM-CSF, IL-2, IL-7, IL-12, IFN- γ or TNF- α , to the subject.

The teachings of Klavinskis et al. are outlined above. Klavinskis et al. does not teach administering a cytokine to the subject. However, Ahlers et al. teaches

immunizing a subject with the peptide of SEQ ID NO:9 and various cytokines (GM-CSF, IL-2, IL-12, IFN- γ or TNF- α). Ahlers et al. found that GM-CSF synergized with IL-12 for CTL induction. TNF- α also synergized with IL-12, but by a different mechanism, inducing IFN- γ production, thus shifting the response to a Th1 phenotype (see abstract). Ahlers et al. suggests that in addition to IL-2, optimum induction of CD8+ CTL *in vivo* requires a combination of cytokines, including GM-CSF and IL-12 (steering the Th response toward Th1 cytokines) (see the abstract and the Results section on page 3949).

It would have been obvious to one of ordinary skill in the art to modify the method taught by Klavinskis et al. to also administer cytokines to the subject. One would have been motivated to do so given the suggestion by Kiyono et al. that Th cell-derived cytokines are essential for the induction of appropriate antigen-specific mucosal immune responses (see bottom of page 23) and the teachings of Ahlers et al. There would have been a reasonable expectation of success given the findings of Ahlers et al. with regard to CTL induction by cytokines. Thus, the invention as a whole was clearly *prima facie* obvious to one of ordinary skill in the art at the time the invention was made.

Response to Arguments

In the reply dated March 11, 2008, applicants first argue that there would not have been a reasonable expectation of success to administer any soluble peptide antigen (versus a particulate antigen) to induce an antigen specific CTL response with or without an adjuvant. This argument is not persuasive.

The claims are directed to a method of inducing an antigen specific systemic and rectal CTL response by administering a composition comprising a chimeric peptide of SEQ ID NO:9. As outlined above, the SIVp27:Ty VLP chimeric peptides of Klavinskis et al., combined with the teachings of Ahlers et al. or Berzofsky et al., fall within the scope of applicants' claims. Klavinskis et al. administered rectally a composition comprising a chimeric peptide and produced an antigen specific CTL response. Further, Klavinskis et al. teaches that the major routes of HIV transmission are through rectal and cervico-vaginal mucosa, and to prevent dissemination of HIV to regional lymph nodes, and effective vaccine is needed to stimulate CTL in the rectal or genital tract and the draining lymph nodes. Ahlers et al. and Berzofsky et al. both teach that instant SEQ ID NO:9 contains an immunodominant HIV CTL epitope. Therefore, as outlined, above it would have been obvious to one of ordinary skill in the art to modify the method taught by Klavinskis et al. and administer the peptide of SEQ ID NO:9 to a subject. One would have been motivated to do so given the suggestion by Klavinskis et al. that to prevent dissemination of HIV to the regional lymph nodes, an effective vaccine may need to stimulate CTL in the rectal or genital tract. Further, given that the rectal route is a recognized major route for HIV transmission and given that there is a recognized need in the art to raise a mucosal immune response at the site of transmission, it would have been obvious to administer an antigen or construct to the rectal mucosa in order to reduce transmission. One also would have been motivated by the teachings of Ahlers et al. and Berzofsky et al. to use SEQ ID NO:9 because both references teach that this peptide contains an immunodominant HIV CTL epitope. There would have been a

reasonable expectation of success using a chimeric peptide comprising an immunodominant HIV CTL epitope (instant SEQ ID NO:9) given the fact that Klavinskis et al. successfully administered a SIV p27 chimeric peptide to rectal mucosal tissue and generated an antigen-specific CTL response.

In the reply dated March 11, 2008, applicants next argue that one of skill in the art would not have been able to reasonable predict or expect successful inducement of CTL in the rectal mucosal. This argument is also not persuasive.

As outlined above, Klavinskis et al. successfully administered a SIV p27 chimeric peptide to rectal mucosal tissue and generated an antigen-specific CTL response. The fact that the chimeric antigen peptides formed a VLP did not change the fact that the rectally administered chimeric peptides elicited an antigen specific CTL response.

Next, applicants argue that the use of an adjuvant is essential to Klavinskis et al. and applicants do not require an adjuvant. This argument is also not persuasive.

It is well known in the art that adjuvants are used to enhance an immune response that occurs from the administered antigen. Adjuvants are not administered to elicit an immune response. Only an immunogenic antigen can produce an immune response that is then enhanced by use of an adjuvant. Further, it is known in the art that immune responses can be induced with or without adjuvants. Thus, it is well within the purview of one of ordinary skill in the vaccine arts to administer an antigen with or without an adjuvant.

No claim is allowed.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to NICOLE KINSEY WHITE whose telephone number is (571)272-9943. The examiner can normally be reached on Monday through Friday from 8:00 am to 5:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Bruce Campell can be reached on (571) 272-0974. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Nicole Kinsey White, PhD/
Examiner, Art Unit 1648

/Stacy B Chen/
Primary Examiner, Art Unit 1648